

STATEMENT OF ORGANIZATION

(See reverse side for instructions)

1. (a) NAME OF COMMITTEE IN FULL <input type="checkbox"/> (Check if name is changed) Delphi Automotive Systems Political Action Committee	2. DATE 06/15/99
(b) Number and Street Address <input type="checkbox"/> (Check if address is changed) World Headquarters, 5725 Delphi Drive, M/C 483-400-521	FEDERAL ELECTION COMMISSION REGISTRATION NUMBER _____
(c) City, State and ZIP Code Troy, MI 48098-2815	4. IS THIS STATEMENT AN AMENDMENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

5. TYPE OF COMMITTEE (Check one)

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)
- | Name of Candidate | Candidate Party Affiliation | Office Sought | State/District |
|-------------------|-----------------------------|---------------|----------------|
| | | | |
- (c) This committee supports/opposes only one candidate _____ and is NOT an authorized committee. (name of candidate)
- (d) This committee is a _____ committee of the _____ Party. (National, State or subordinate) (Democratic, Republican, etc.)
- (e) This committee is a separate segregated fund.
- (f) This committee supports/opposes more than one Federal candidate and is NOT a separate segregated fund or a party committee.

6. Name of Any Connected Organization or Affiliated Committee	Mailing Address and ZIP Code	Relationship
Delphi Automotive Systems Corporation	World Headquarters 5725 Delphi Drive M/C 483-400-521 Troy, MI 48098-2815	Connected

Type of Connected Organization
 Corporation Corporation with Capital Stock Labor Organization Membership Organization Trade Association Cooperative

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name Martha Hermance	Mailing Address Comerica Bank, PAC Services MC 2250 P.O. Box 75000, Detroit, MI 48275-2250	Title or Position Treasurer
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8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name Martha Hermance	Mailing Address Comerica Bank, PAC Services, MC 2250 P.O. Box 75000, Detroit, MI 48275-2250	Title or Position Treasurer
Full Name Thomas C. Woods	Mailing Address Delphi Automotive Systems Corporation WHQ, 5725 Delphi Drive M/C 483-400-521 Troy, MI 48098-2815	Title or Position Assistant Treasurer

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, notes accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc. Comerica Bank	Mailing Address and ZIP Code P.O. Box 75000 Detroit, MI 48275-2250
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(I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.)

TYPE OR PRINT NAME OF TREASURER Martha Hermance	SIGNATURE OF TREASURER <i>Martha Hermance</i>	DATE 06/15/99
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NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §-437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

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For further information contact:
 Federal Election Commission
 Toll-free 800-424-9530
 Local 202-376-3120

FEC FORM 1
(revised 4/87)

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

<input checked="" type="checkbox"/> Hand Delivered	Date of Receipt <i>6-16-99</i>
<input type="checkbox"/> First Class Mail	POSTMARKED
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked _____ and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
<i>BJ</i> PREPARER	<i>6-16-99</i> DATE PREPARED